		COLVERT IS (35 CERT) 4 6)	Docket No.	
F. Barnard et a	•	CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		
	Applicant(s): Ray F. Barnard et al			
	Filing Date	Examiner	Group Art Unit	
	11/22/1999	Elaine L. Gort	3627	
EM AND METH	OD FOR PROJECT	PREPARING A PROCUREMENT	AND ACCOUNTS	
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		<u>-</u>	JAN 12 2006	
	e United States Pater		571-273-8300	
(Date)				
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	at this <u>Au</u> transmitted to th	at this <u>Auth. to Act. in Represer</u> transmitted to the United States Pater 01/12/06	at this <u>Auth. to Act. in Representative Cap., Change of Corr. Addi</u> (Identify type of correspondence) transmitted to the United States Patent and Trademark Office (Fax. No.	

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Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY							
In re Applic	ation of: Ray F. Barnard et al						
Application	Application No. 09/444,254						
Filed:	Filed: 11/22/1999						
Title:	SYSTEM AND METHOD FOR PROJECT PAYABLE SYSTEM	PREPARING A PR	OCUREMENT A	ND ACCOUNTS			
Attorney D	orney Docket No. EN999116 Art Unit. 362			27			
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:							
	Name		Registration Number				
Jack Friedman Schmeiser, Olsen, and Watts 3 Lear Jet Lane, Suite 201 Latham, NY 12110			44,688				
This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.							
SIGNATURE of Practitioner of Record							
Name	John R. Pivnichny		Data				
Signature	John Pivnishing		Date	1/10/06			
Registration Number	43,001		Telephone	607-429-4358			

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713,05 (or more information. This sample form is not an OMB officially approved form.

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